

# St. Mary's College of Maryland

at Historic St. Mary's City

## Consortium Agreement Financial Aid

### For Study Abroad

**St. Mary's College of Maryland** (home institution) acknowledges that

\_\_\_\_\_ (Student's Name), SS# \_\_\_\_\_ will

spend \_\_\_\_\_, at \_\_\_\_\_.  
(Fall/Spring/ Summer/Semester) (Host Institution)

The **Student**, **Host institution**, and **St. Mary's College of Maryland** are in agreement that hours taken at the Host institution **will transfer** to St. Mary's College of Maryland and will be counted toward a degree at St. Mary's College. The Home institution will disburse (Home) financial aid and monitor satisfactory progress as it pertains to financial aid.

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**Student's Signature/Date**

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**St. Mary's College of Maryland  
Study Abroad Representative Signature**

**OVER**

Student's S.S.# \_\_\_\_\_

\_\_\_\_\_  
(Student's Name)

**\*For Program Office Use Only\***

Program's Beginning Date \_\_\_\_\_

Program's Ending Date \_\_\_\_\_

Number of Credits \_\_\_\_\_

<b>Costs associated with the Program:</b>	Tuition	_____
	Fees	_____
	Room/Board	_____
	Books/Trans/ & Personal	_____
	<b>Total</b>	_____

By signing this Agreement the **HOST** College verifies the fact that this student will not receive financial aid, during the term in attendance, from the **HOST COLLEGE**. The **HOST** College will notify the **HOME** College of any changes in enrollment during the period above in a timely manner. Any enrollment changes must be faxed to (240) 895-4959, Attention: Director of Financial Aid

\_\_\_\_\_  
Name and Title

\_\_\_\_\_  
Signature and Date

\_\_\_\_\_  
Address

\_\_\_\_\_  
Fax and Telephone Numbers

**Once this form is complete and signed, please return it promptly to the Office of Financial Aid at St. Mary's College in order to finalize this student's award process. Our fax number is (240) 895-4959. Thank you for your cooperation.**

**Office Use Only:**

1st. Disbursement: \_\_\_\_\_

2nd. Disbursement: \_\_\_\_\_

3rd. Disbursement: \_\_\_\_\_